

Name
in
Full

CERTIFICATE OF DEATH

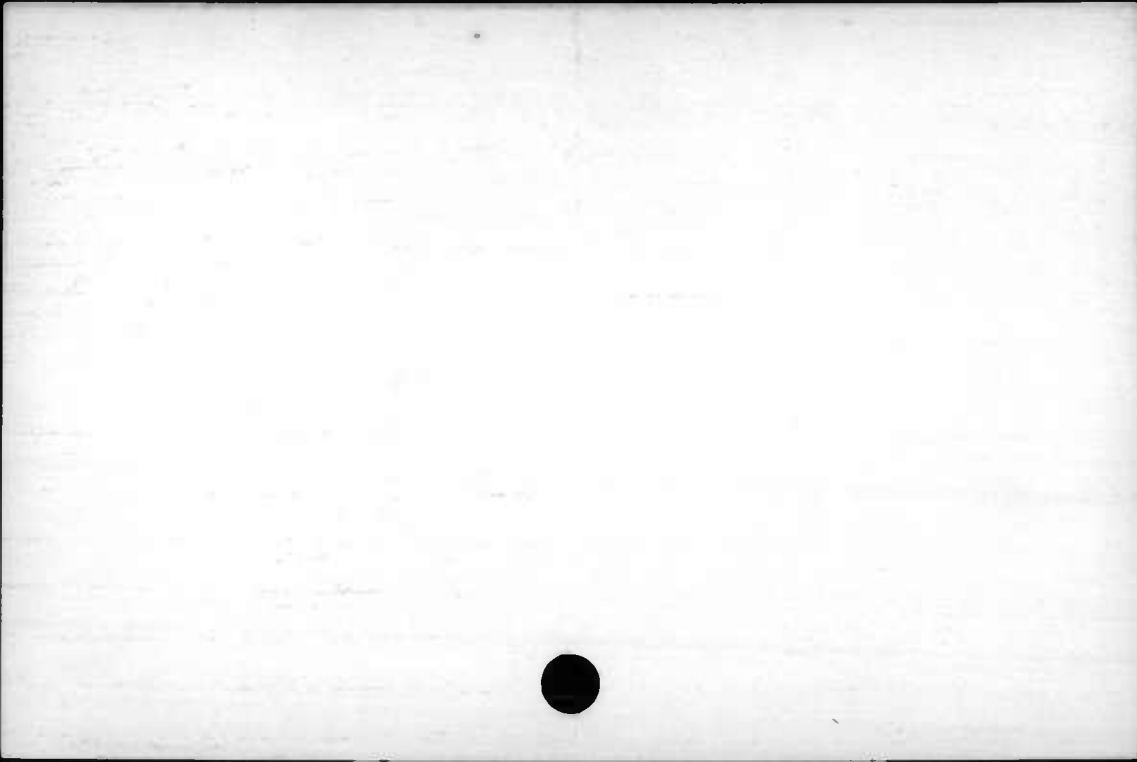
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John P Adams</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Mar</i>		Day <i>20</i>		Age <i>6</i>	
Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>20</i>		Age <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John P Adams</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Josephine Parker</i>		Mother's Birthplace <i>Ta</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Catarrhal fever</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R Kemp Jefferson</i>	
<i>yes</i>		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name
in
Full

H. M. R. Atwell

CERTIFICATE OF DEATH

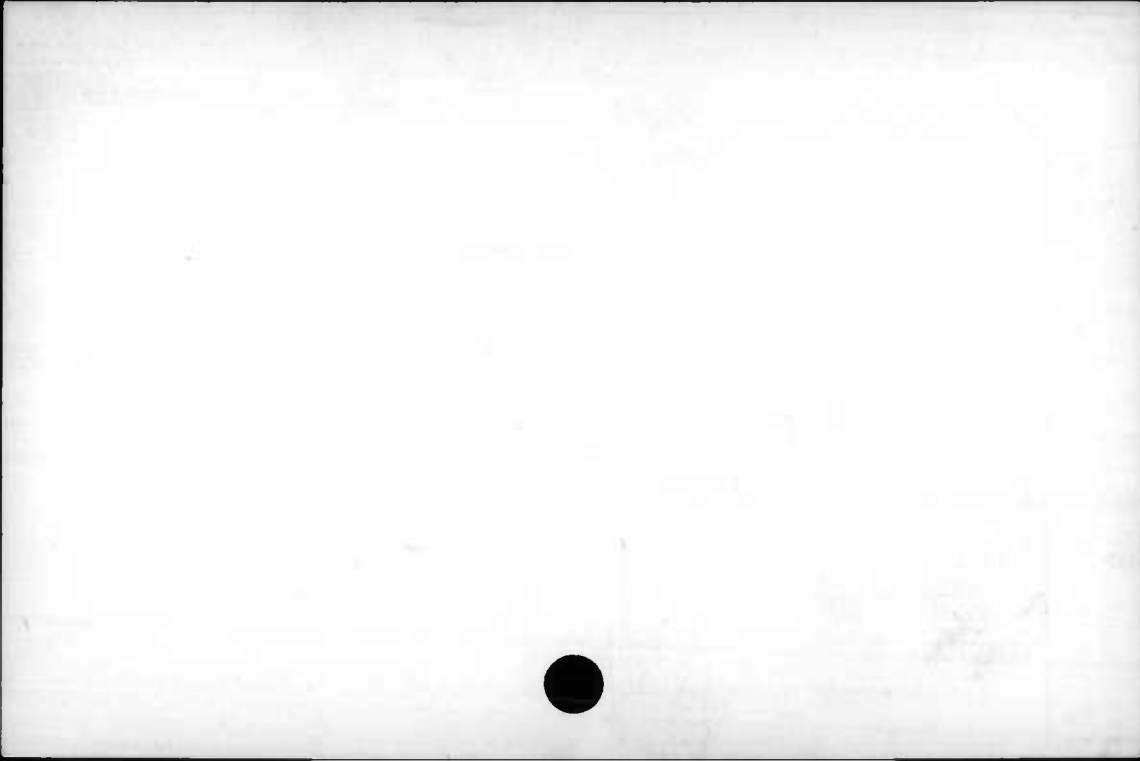
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>7</i>	Years <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farming</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Joel Atwell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margaret Atwell</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information			How related to deceased <i>Wife</i>		

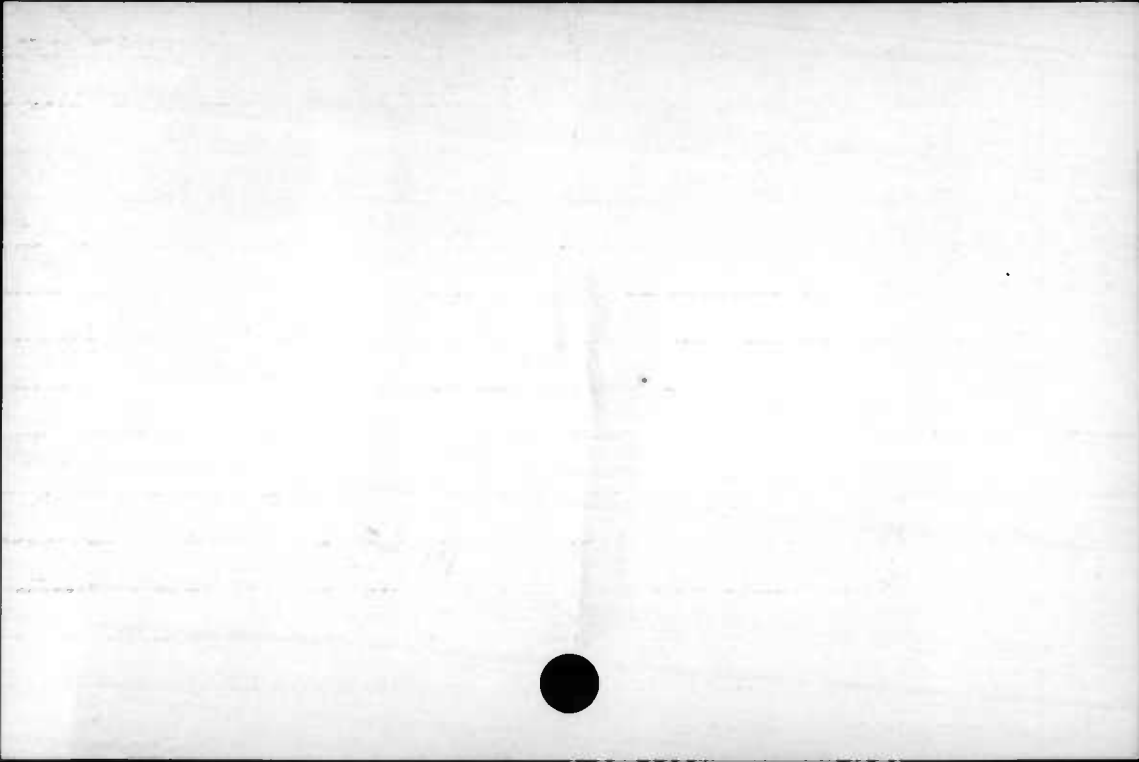
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obstruction of Bowels</i>	How long <i>Four days</i>
Immediate <i>Same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Fisher</i>
	Address <i>Denton</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name in Full		Dorothy Brewington				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalsburg		County		MARYLAND		
	Date of death	1905	Month	May	Day	3	Age	66
	Sex	Female		Color or Race	Black		Birth-place	Ind
	Occupation	housewife			Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband		Wesley Brewington		
	Father's Name						Father's Birthplace	
	Mother's Maiden Name						Mother's Birthplace	
	Name of person giving information						How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Grippe				How long	10 days	
	Immediate	Heart Disease				How long		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	R Kemp Jefferson	
						Address	Federalsburg Ind	
	Accident or Suicide?							



Name
in
Full

Henry Egner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Ridge</i> ^{Town}		<i>Caecilie</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>March</i> ^{Month}	<i>21</i> ^{Day}	Age <i>53</i> ^{Years}	<i>3</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Handel Egner</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Ackerman</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mary Egner.</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Herchosis of Liver</i>	How long <i>6 months?</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Miller</i>
	Address <i>4 Hillstons Rd.</i>
Accident or Suicide?	



Name
in
Full

Fred Grose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

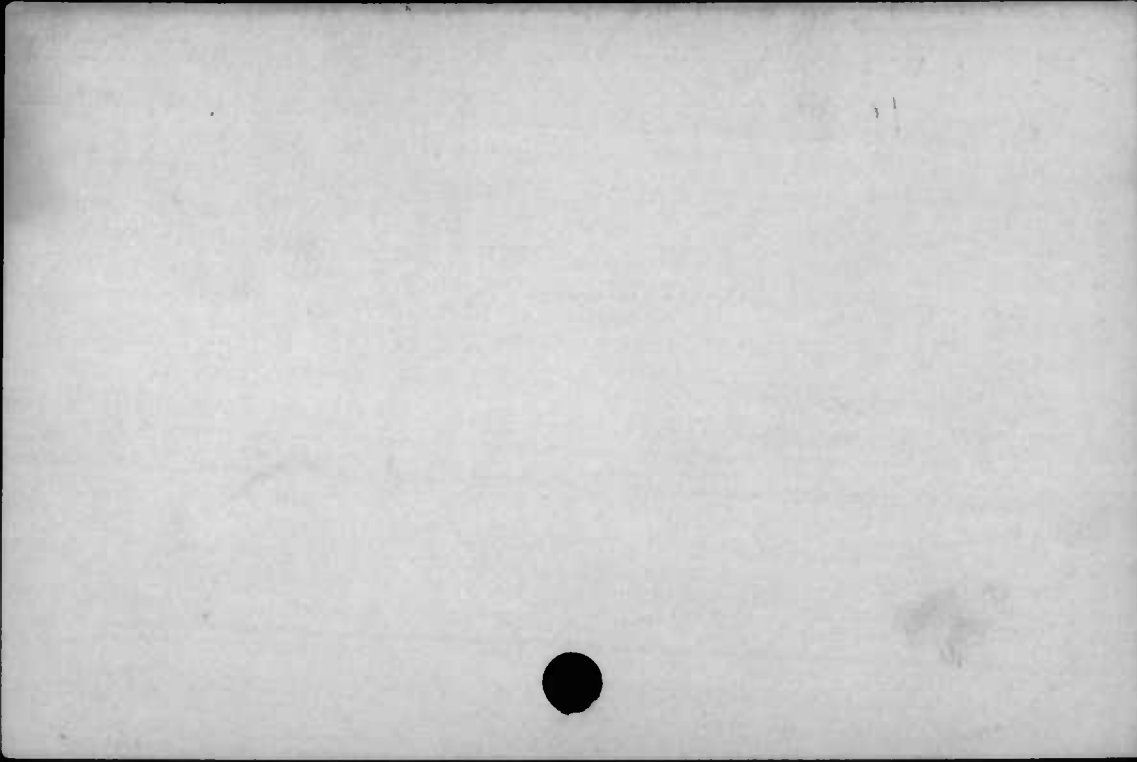
Died at <i>Amherst</i>		Town <i>Amherst</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1905	Month	March	Day	22	Years	Age 13
Sex	Male	Color or Race	White	Birth-place	Don't know		
Occupation	None			Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed	Single			Name or Wife or Husband <i>None</i>			
Father's Name	Don't know			Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name	Don't know			Mother's Birthplace <i>Don't know</i>			
Name of person giving information	<i>Mr W. Murphy</i>			How related to deceased <i>Not related</i>			

CAUSES OF DEATH

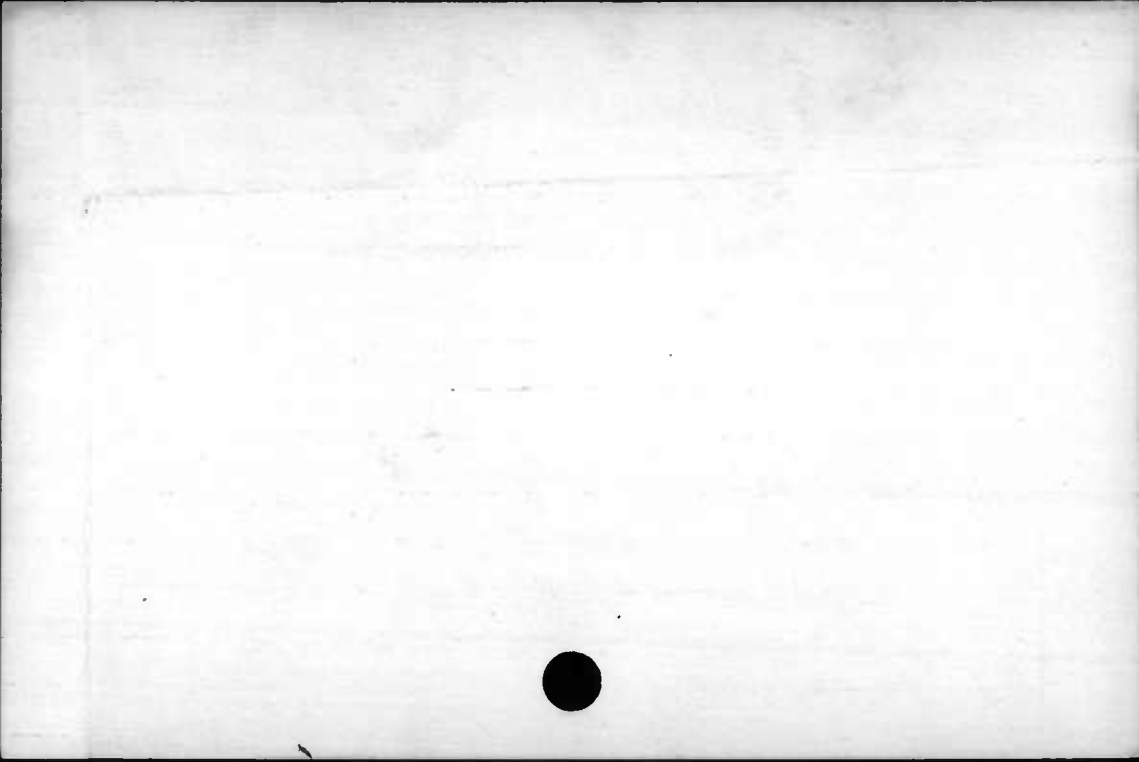
Mr Murphy took the boy from a home in N.Y.

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>2 Weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P R Lickner</i>
		Address	<i>Winton</i>
Accident or Suicide?	<i>No</i>		<i>MD</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Marydel</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND
	Date of death <i>1905</i> <small>Month</small> <i>Mar.</i> <small>Day</small> <i>28</i>		Age <i>1</i> <small>Years</small> <i>1</i> <small>Months</small> <i>18</i> <small>Days</small>		
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>Mary Harter</i>		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>John Harter</i>		Father's Birthplace <i>Ohio</i>		
	Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Canada</i>		
Name of person giving information <i>John Harter</i>		<i>176</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Injury during pregnancy</i>		How long <i>1 hr.</i>		
	Immediate <i>Heart Failure</i>		How long <i>4</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. F. Nichols</i>		
			Address <i>Marydel, Md.</i>		
Accident or Suicide? <i>—</i>					



Name in Full

Certificate of Death

Harry Hignett

Town

County

Died at

Concord, Carroll

MARYLAND

Date 1915, 3 29 Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

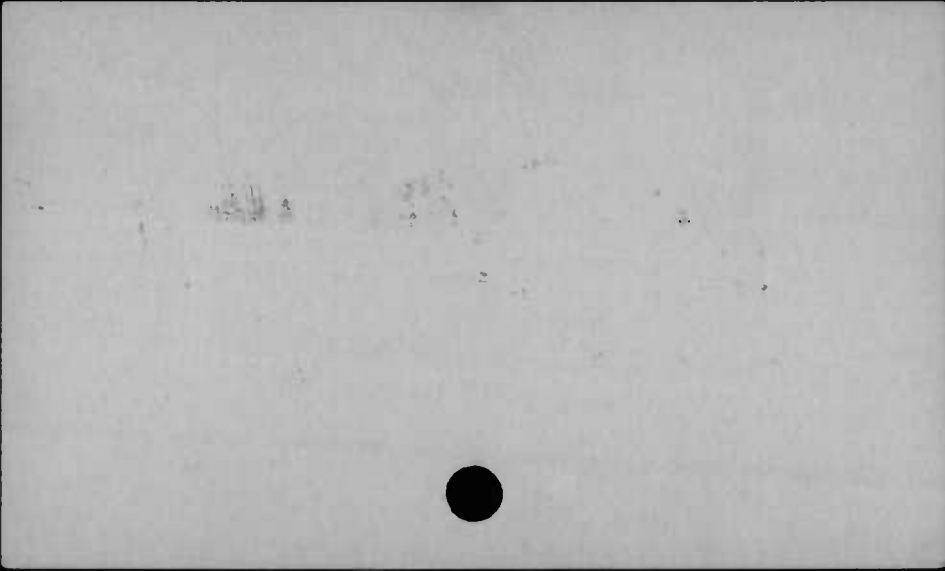
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65986



Name
in
Full

James Rich Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burrsville			County Caroline			State MARYLAND		
Date of death 1905	Month March	Day 28	Age 38	Years	Months 3	Days 20		
Sex Male		Color or Race White			Birth- place Maryland			
Married, Single or Widowed			Occupation Laborer					
Name of Wife or Husband								
Father's Name John Russell					Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth E. Voss					Mother's Birthplace Maryland			
Name of person giving In formation Iva A. Russell					How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long Three Months
Immediate Lump	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. J. Amburn
	Address Burrsville MD
Accident or Suicide?	



Name

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Full

CERTIFICATE OF DEATH

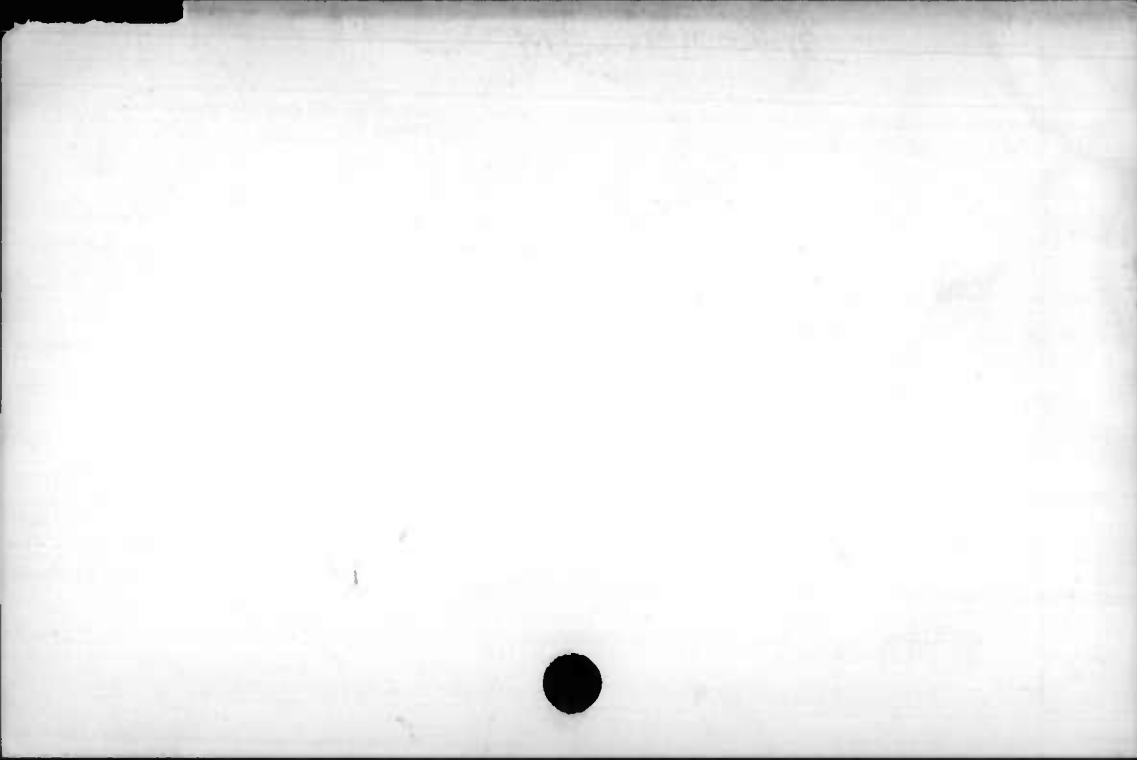
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Junction</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1905	Month 3	Day 20	Age	Years	Months 4	Days 20
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>		Birth- place	<i>Id.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Marion Starkey</i>			Father's Birthplace	
Mother's Maiden Name			<i>M. Kate Meredith</i>			Mother's Birthplace	
Name of person giving Information			<i>M. Kate Starkey</i>			How related to deceased	
			<i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician	
	Address	
Accident or Suicide?		

*Transition**15h* ✓*yes**J. S. Storn M. D.*
Ridgely
Md.



Name
in
Full

Aaron Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190		5	Month 3	Day 7	Age 69	Years	Months Days
Sex <i>Male</i>		Color or Race		<i>W 1920</i>		Birth- place <i>Maryland</i>	
Married or Widowed		<i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Sallie Jackson.</i>							
Father's Name <i>Anthony Thomas</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Nancy Tolson</i>				Mother's Birthplace <i>Maryland.</i>			
Name of person giving In formation <i>Anthony Thomas</i>				How related to deceased <i>Nephew.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Myocardial</i>	How long	<i>14</i>	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	<i>✓</i>	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>D. D. Stone M.D.</i>		
Address		<i>Ridgely, Md</i>		
Accident or Suicide?				

Bural
March 10 - 1905 -

Lynton

Name
in
Full

Cornelia Thomas

CERTIFICATE OF DEATH

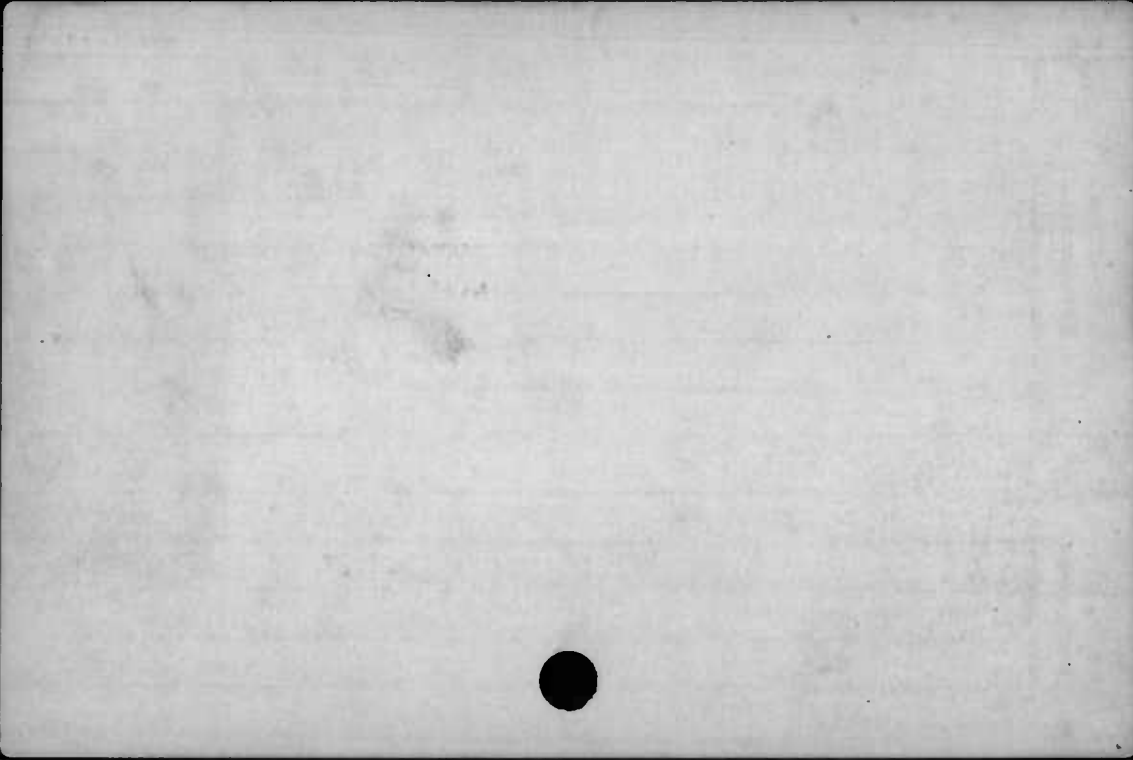
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leetown</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>May 24</i>	Month <i>March</i>	Day <i>24</i>	Years <i>1</i>	Age	Months <i>7</i>	Days <i>6</i>
Sex <i>Child</i>	Color or Race			Birth- place <i>Leetown</i>			
Occupation				Where Residing if not at place of death <i>Leetown</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph I Thomas</i>				Father's Birthplace <i>Caroline</i>			
Mother's Maiden Name <i>Hellen Thomas</i>				Mother's Birthplace <i>Caroline</i>			
Name of person giving In formation <i>Joseph I Thomas</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup pneumonia</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. H. H. H. H.</i>
	Address <i>Leetown</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Maud S. Mellowghly*Died at *Andover* TownCounty *Caroline*

MARYLAND

Date of death *1901* Month *Mar*Day *28*Age *12* Years

Months

Days

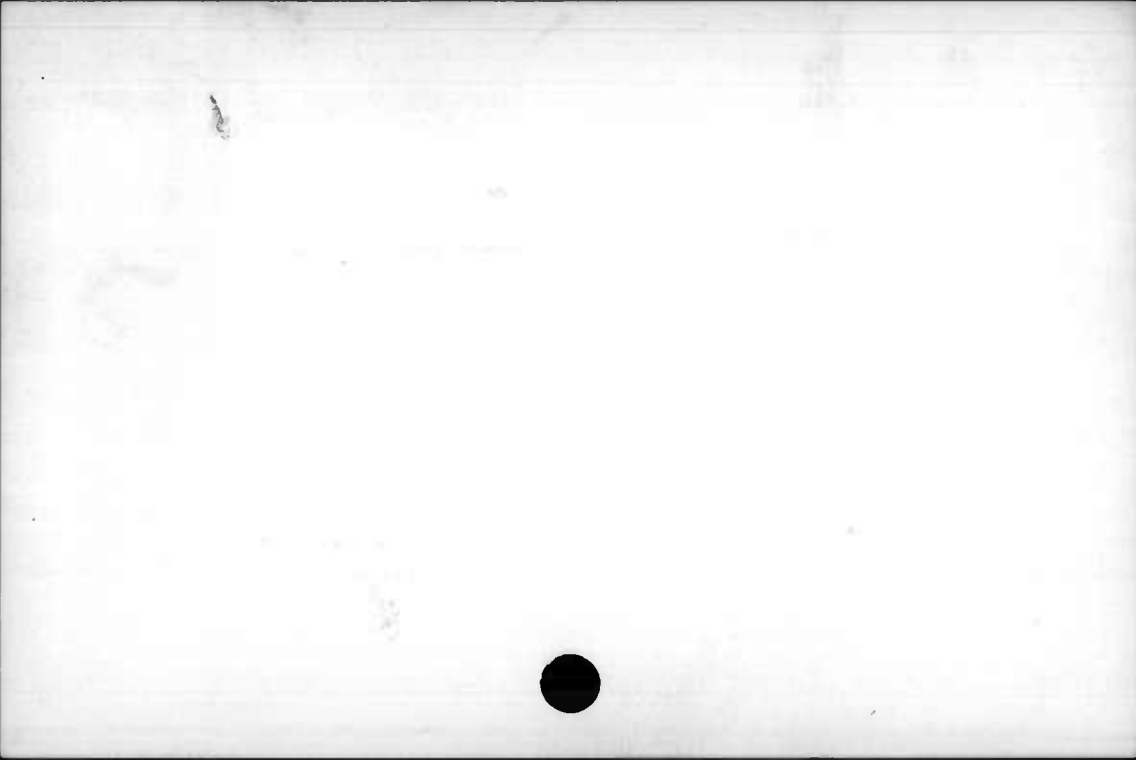
Sex *Female*Color or Race *White*Birth-place *Indy*

Occupation

*None*Where Residing if not
at place of death*Same*Married, Single
or Widowed *Single*Name of Wife or
Husband *None*Father's Name *Newton Mellowghly*Father's Birthplace *Ind*Mother's Maiden Name *Annie Mellowghly*Mother's Birthplace *Indy*Name of person giving
Information *Annie Mellowghly*How related
to deceased *Mother*

CAUSES OF DEATH

Primary *Bright's Disease*How long *3 years*Immediate *Same*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of Physician *W. H. Fisher*Address *Andover*Accident or Suicide? *Yes*



Name
in
Full

Jesse Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u>	<u>3</u> <small>Month</small>	<u>30</u> <small>Day</small>	<u>12</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Dunn Allen Co</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband		
Father's Name <u>Not Known</u>			Father's Birthplace <u>Not Known</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Jacob Greenage</u>			How related to deceased <u>Adopted</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Lung Trouble</u>	How long	<u>99</u> <u>4 Mo</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. H. Burkard</u>	
		Address <u>Ridgely Md</u>	
Accident or Suicide?			

